

Esperanza High School Cheer & Song Registration Form

Child's Name: _____ Grade: _____
School Attending: _____ Birth Date: _____
Sex: M / F (circle) Age: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Home Phone: _____
Cell Phone: _____ Email: _____
Mother's/Guardian's Name: _____ Phone: _____
Father's/Guardian's Name: _____ Phone: _____

List any allergies, medical conditions, or physical limitations player may have (if none, so state):

I, _____, the parent, legal guardian or custodian of _____, a minor child hereby acknowledge and authorize that my child/ward will participate in the Esperanza High School Cheer & Song Clinic (hereinafter "Clinic"). I understand that my child/ward will attend and participate in this Clinic, and may on occasion be provided with Athletic Training and/or Transportation in connection with this Clinic. I acknowledge that my child/ward is participating in all events, activities, and Athletic Training and/or Transportation associated with this Clinic at his/her own risk. I hereby represent that said minor is in good health, has no communicable diseases, and has no physical conditions that would interfere with his/her participation in this Clinic. I do hereby knowingly, freely and voluntarily release, acquit, waive, discharge and covenant to hold harmless the Placentia Yorba Linda School District, Esperanza High School and its employees/representatives, volunteers and their respective heirs, successors, and assign from any and all liability, claims, causes of action, suits, controversies, contracts, promises, damages, debts, costs, expenses, loss of services, compensation, judgments, executions or demands whatsoever which may be sustained by me or my child/ward directly or indirectly in connection with, or arising out of my child/ward's use of the PYLUSD premises, participation in the Cheer Clinic and related events, or any associated Athletic Training and/or Transportation, whether he/she is participating in the Clinic or merely attending as a spectator or visitor of the Clinic, whether caused in whole or in part by the negligence of the PYLUSD, and any all of its departments, its officers, employees, agents, volunteers, or otherwise. I hereby give the PYLUSD and/or Esperanza High School the authority to authorize emergency transportations and/or emergency medical treatment to _____ my minor child/ward. Family Physician: _____ Phone: _____
We do/ do not have medical coverage. (Circle) Name of Insured: _____
Insurance Carrier: Policy/Group Number: _____

I also permit the PYLUSD representatives to sign all documents which are required in order to permit the emergency transportation and/or emergency treatment to the minor/ward. I have read this RELEASE AND WAIVER OF LIABILITY form and fully understand its terms. I further understand that I have given up substantial rights on my nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent permitted by law and agree that if any portion of this RELEASE AND WAIVER OF LIABILITY is held to be invalid or unconstitutional, only that portion shall be voided and the remainder of this document shall continue in full legal force and effect. My own behalf and on the behalf of my child/ward by signing this form and have signed it freely and without any inducement or assurance of any.

In case of emergency, please contact (other than parent):

Name: _____ Relationship: _____ Phone: _____
Parent/Guardian Signature: _____ Date: _____

Referred by: _____
(EHS Cheerleader Name)